



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E263023**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **13-01984**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **02** OBJECT STRUCK ☐

DATE OF COLLISION **08 - 12 - 2013** TIME (2400) **1117** COUNTY # **31** MILES ☐ N ☐ E ☐ IN ☒ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
91ST AVE NE BLOCK NO. ☒ **526** MILE POST ☐

DISTANCE **500** **00** MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET) **SR 204**
FEET ☒ S ☒ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE ☐

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES ☐

LICENSE PLATE # ☐ STATE ☐ VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE **JEEP** MODEL **PATRIO** STYLE ☐ VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ☐ VEHICLE NO. 1 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE ☐

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES ☐

LICENSE PLATE # **AJS9675** STATE **WA** VIN# **4T1BF1FK1CU590465**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2012** MAKE **TOYT** MODEL **CAMRY** STYLE **4T** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ☐ VEHICLE NO. 2 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **CHAD CHRISTENSEN** BADGE OR ID # **075** AGENCY **WA0311900**



STATE OF WASHINGTON
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1591972

CORRECTION

REPORT NO. **E263023**

CASE # **13-01984**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 2 was parked unoccupied in the parking lot of Country Grill located at 526 91st Ave NE. The driver of Unit 2 went inside the restaurant and returned to her vehicle a short time and discovered damage to the drivers side front bumper. A unidentified witness told the driver of Unit 2 that a white Jeep had back into her vehicle and fled the scene. Unit 1 was not located.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-13-13 07:43 AM

DATED

PLACE SIGNED

APPROVED BY

DATE

8/14/2013 1:15:29 AM

ROBERT MINER 095

BADGE OR ID #

075

ORI #

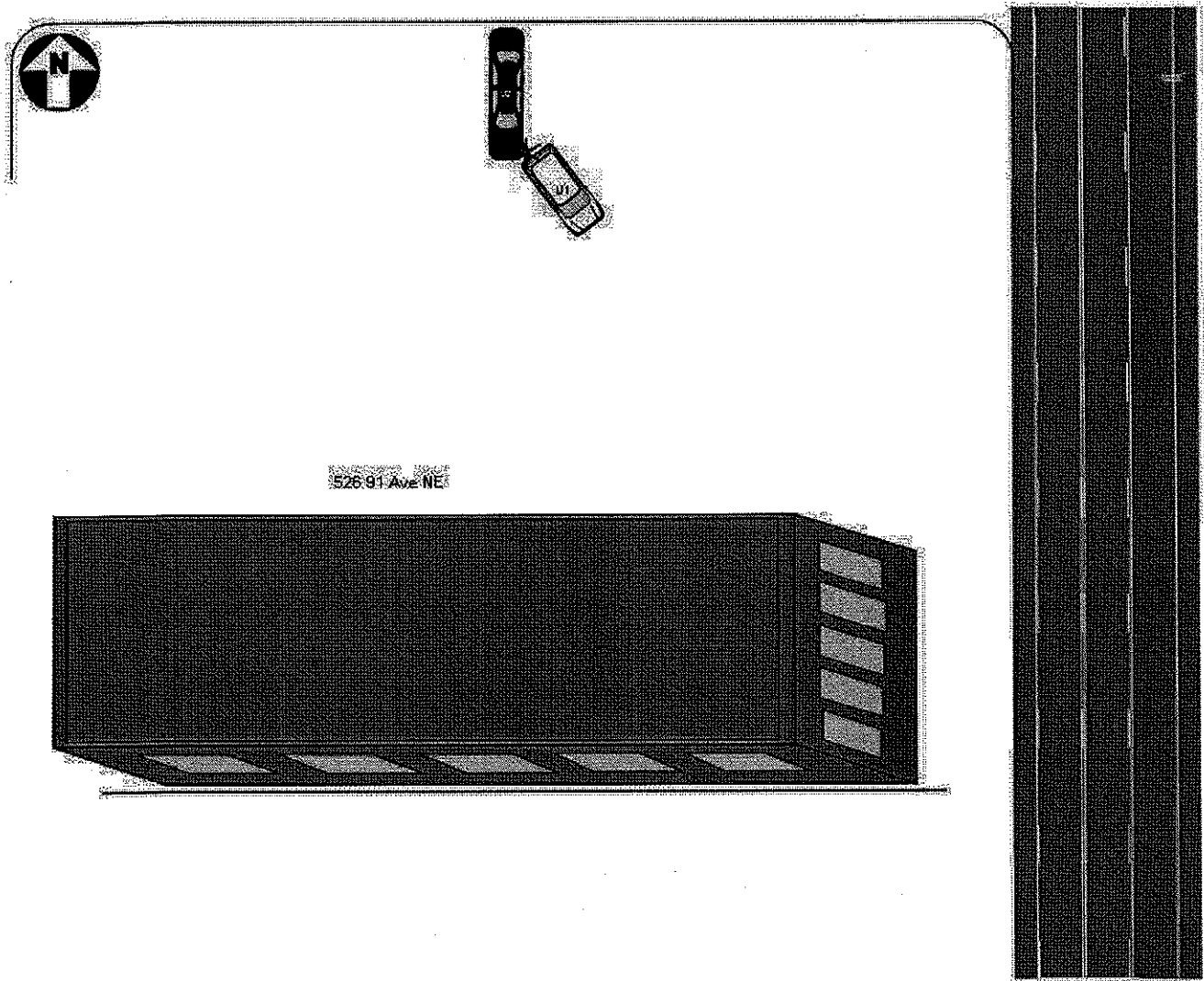
WA0311900

TIME POLICE DISPATCHED

11:47 AM

TIME POLICE ARRIVED

11:47 AM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 13-01984

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Womack Karen J	RACE C	ETH	SEX F	DOB 4-27-64	AGE 49	HGT.	WGT.	HAIR	EYES
STREET ADDRESS 5507 10th St SW		CITY Mukilteo		STATE WA		ZIP 98275		RES. STATUS		
HOME PHONE 425 208 4303		CELL PHONE same		PLACE OF EMPLOYMENT Emirates						
WORK PHONE same		EMAIL ADDRESS fergusonkaren1@comcast.net								

I, Karen Womack, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

While having breakfast at Country Grill the waitress asked if I owned the black Toyota. Witnesses had seen a white Jeep Patriot back into my car, ~~at~~ look around and then take off. No one was able to get the license plate number. Damage was done to the drivers side front bumper.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <u>Karen Womack</u>	DATE SIGNED 8/14/13	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: <u>C. [Signature]</u>	DATE SIGNED 8/15/13	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Case Numbers: \$SS13001984

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 3 Dispo: H
Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST
Src: T
Loc: 526 91 AV NE, LKS — NEW COUNTRY GRILL btwn MARKET PL & SR 204 (V)

Loc Info:

Name: WOMACK, KAREN Addr: Phone: 4252684303

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/1117 (SP0378) ENTRY ,CC, COLD, H/R, SUS INFO
/1117 (SP0360) VIEWED
/1147 DISPOS SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/1151 (SS75 ) REMINQ SS1931 MDTWANT, WOMACK, KEREN, J, 042764, , , WA, , , , , , , , , ,
/1151 REMINQ SS1931 MDTVEH, AJS9675, , WA, , , , , , , , , ,
/1153 *MISC SS1931 ,FEDERAL INS CO. POL# 73557497, TEL# 425-268-430
3.
/1155 (SP0360) ASNCAS SS1931 $SS13001984
/1159 CLEAR SS1931 D/H
/1159 CLOSE SS1931

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Section